

<i>SERFF Tracking Number:</i>	<i>STFL-125593146</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38626</i>
<i>Company Tracking Number:</i>	<i>SFL1000510</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Binding Receipt 1000510</i>		
<i>Project Name/Number:</i>	<i>Binding Receipt 1000510/Binding Receipt 1000510</i>		

Filing at a Glance

Company: State Farm Life Insurance Company

Product Name: Binding Receipt 1000510

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: STFL-125593146

SERFF Status: Closed

Co Tr Num: SFL1000510

Co Status:

Author: Rhonda Brackman

Date Submitted: 04/03/2008

State: ArkansasLH

State Tr Num: 38626

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 04/11/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: 09/01/2008

State Filing Description:

General Information

Project Name: Binding Receipt 1000510

Project Number: Binding Receipt 1000510

Requested Filing Mode: Review & Approval

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments: Binding Receipt, 1000510, was filed by certification with the Illinois Department of Financial and Professional Regulation on April 2, 2008.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/11/2008

State Status Changed: 04/11/2008

Corresponding Filing Tracking Number:

Filing Description:

NAIC # 69108

FEIN #37-0533090

Deemer Date:

Dear Sir or Madam:

SERFF Tracking Number:	STFL-125593146	State:	Arkansas
Filing Company:	State Farm Life Insurance Company	State Tracking Number:	38626
Company Tracking Number:	SFL1000510		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Binding Receipt 1000510		
Project Name/Number:	Binding Receipt 1000510/Binding Receipt 1000510		

This filing contains revised individual life insurance application form 1000510, Binding Receipt.

This form replaces form 106454.1, Binding Receipt, which was approved by your department on February 14, 2005.

Form 1000510 is the binding receipt used with individual life application 121173, which was approved by your department on February 14, 2005. A copy of 121173 is enclosed. As with the current version of this form, form 1000510 will be provided as receipt of payment in connection with the application. The total insurance benefit for a proposed insured age 15 days or over at death under this or any other in-force receipts and pending application has been increased from \$300,000 to \$1,000,000. No other text changes were made to this form.

Form 1000510 was filed by certification with the Illinois Department of Financial and Professional Regulation on April 2, 2008.

This form will be marketed exclusively through State Farm agents.

The effective date for this revised form will be September 1, 2008.

Company and Contact

Filing Contact Information

Rhonda Brackman, Tech - Legislation/Policy rhonda.brackman.aim3@statefarm.com
Forms

1 Stat Farm Plaza (309) 766-6896 [Phone]
Bloomington, IL 61710-0001 (309) 766-8483[FAX]

Filing Company Information

State Farm Life Insurance Company	CoCode: 69108	State of Domicile: Illinois
1 State Farm Plaza	Group Code:	Company Type:
Bloomington, IL 61710-0001	Group Name:	State ID Number:
(309) 766-4541 ext. [Phone]	FEIN Number: 37-0533090	

Filing Fees

SERFF Tracking Number: STFL-125593146 State: Arkansas
Filing Company: State Farm Life Insurance Company State Tracking Number: 38626
Company Tracking Number: SFL1000510
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Binding Receipt 1000510
Project Name/Number: Binding Receipt 1000510/Binding Receipt 1000510

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: 1 form @ \$50.00 (retaliatory)
(sent via EFT #13227727)
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Life Insurance Company	\$50.00	04/03/2008	19249679

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<i>Project Name/Number:</i>	<i>Binding Receipt 1000510/Binding Receipt 1000510</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/11/2008	04/11/2008

<i>SERFF Tracking Number:</i>	<i>STFL-125593146</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Binding Receipt 1000510</i>		
<i>Project Name/Number:</i>	<i>Binding Receipt 1000510/Binding Receipt 1000510</i>		

Disposition

Disposition Date: 04/11/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	STFL-125593146	State:	Arkansas
Filing Company:	State Farm Life Insurance Company	State Tracking Number:	38626
Company Tracking Number:	SFL1000510		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Binding Receipt 1000510		
Project Name/Number:	Binding Receipt 1000510/Binding Receipt 1000510		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Form	Binding Receipt		Yes

SERFF Tracking Number:	STFL-125593146	State:	Arkansas
Filing Company:	State Farm Life Insurance Company	State Tracking Number:	38626
Company Tracking Number:	SFL1000510		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Binding Receipt 1000510		
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Form Schedule

Lead Form Number: 1000510

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	1000510	Application/Binding Receipt Enrollment Form	Initial			1000510_CW_Binding Receipt.pdf



State Farm Life Insurance Company
Home Office, Bloomington, IL 61710

Binding Receipt

State Farm Life Insurance Company (the Company) has received payment in connection with the application for life insurance on Proposed Insured 1 and any others named in the application. This Receipt is void if a check or other form of payment you provided is not honored or is declined by your financial institution.

If the application is for a change on a Universal Life Policy, then payment may be in the form of collection of a deduction as of the Application Date, as applicable. "Change" includes an increase in Basic Amount or the addition of an Additional Insured's Level Term Rider, a Children's Term Rider, or a Waiver of Monthly Deduction Benefit Rider. If the application is approved and the Application Date is a deduction date, the required deduction will be made as of that date. If the application is approved and the Application Date is not the deduction date, the required deduction will be prorated from the Application Date to the next deduction date. There must be enough policy cash surrender value to make the required deduction.

As of the Application Date, life insurance and any additional benefits will be payable according to the terms of the application and the policy applied for, subject to the requirements and limitations of this Receipt. No death benefit is provided by this Receipt unless death results from an accident that occurs or an illness that first manifests itself after the Application Date. No total disability benefit, if applied for, is provided by this Receipt unless total disability results from an accident that occurs or an illness that first manifests itself after the Application Date. THE TOTAL INSURANCE BENEFIT FOR A PROPOSED INSURED AGE 15 DAYS OR OVER AT DEATH UNDER THIS OR ANY OTHER IN-FORCE RECEIPTS AND PENDING APPLICATIONS WILL NOT EXCEED \$1,000,000. IF THAT PROPOSED INSURED IS UNDER THE AGE OF 15 DAYS AT DEATH, THE TOTAL INSURANCE BENEFIT WILL NOT EXCEED \$3,000. If, (1) the total insurance amount for a Proposed Insured under this or any other in-force receipts and pending applications exceeds the maximum stated above, (2) we approve the application with the policy date the same as the Application Date, and (3) you accept the policy, a credit will be provided to you based on the insurance amount in excess of the maximum stated above for the period from the Application Date to the date the application is approved.

If the application is for (a) an addition of a rider or benefit to an existing policy other than a Universal Life Policy or (b) replacing existing life insurance with State Farm Life Insurance Company, then any benefit otherwise payable under this Receipt will be reduced by any benefit payable for the same proposed insured under the State Farm Life Insurance Company life insurance policies listed on the application as being replaced.

Coverage under this Receipt will end when the first of the following occurs: (a) The application is approved; (b) Notice of disapproval of the application is given; (c) 60 days have expired starting with the Application Date.

The Company reserves the right to disapprove the application by (a) offering to issue a policy other than as applied for, or (b) declining to issue a policy. If the application is disapproved, the notice of disapproval will be given to Proposed Insured 1 or to the Applicant, if other than the Proposed Insured 1. The notice will be given either (a) in person to, or (b) by mailing it to the last known address of Proposed Insured 1 or the Applicant. If mailed, coverage will end upon mailing of that notice.

The payment will be refunded if (a) the life insurance and/or any additional benefits offered are not accepted, or (b) the Company declines to approve the life insurance and/or any additional benefits, or (c) the 60-day period has expired. There is no coverage under this Receipt if the application contains any material misrepresentation.

NO AGENT OR COMPANY REPRESENTATIVE MAY WAIVE OR CHANGE THE ANSWER TO ANY QUESTION IN THE APPLICATION OR CHANGE THE TERMS OF THIS RECEIPT.

Payment Received (if applicable): \$ [500.00]

Proposed Insured 1's Name (please print) [John J. Doe]

Application Date [October 15, 2008] Signature of Agent X [Mark Smith]

<i>SERFF Tracking Number:</i>	<i>STFL-125593146</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Binding Receipt 1000510</i>		
<i>Project Name/Number:</i>	<i>Binding Receipt 1000510/Binding Receipt 1000510</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: STFL-125593146 State: Arkansas
Filing Company: State Farm Life Insurance Company State Tracking Number: 38626
Company Tracking Number: SFL1000510
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Binding Receipt 1000510
Project Name/Number: Binding Receipt 1000510/Binding Receipt 1000510

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

04/03/2008

Comments:

See attached certification for Rule/Reg 19 and Flesch certification.

Form for Rule/Reg 49 and compliance certificate not applicable to this filing.

Attachments:

ARREG19 1000510.pdf
ARFLESCH 1000510.pdf

Review Status:

Satisfied -Name: Application

04/03/2008

Comments:

Attached is a copy of application form, 121173, which was approved by your department on February 14, 2005. Due to file size limitations, this is attached as 2 separate documents (pgs 1-3, 4-6).

Attachments:

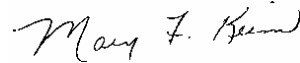
AR_121173_application_pgs1-3.pdf
AR_121173_application_pgs4-6.pdf

STATE OF ARKANSAS

CERTIFICATION

This is to certify that the forms contained in this submission are in compliance with Arkansas Regulation No. 19:

Form # 1000510



Mary F. Keim
Assistant Secretary

April 3, 2008

Date

STATE OF ARKANSAS

CERTIFICATE

This is to certify that the attached forms have achieved a Flesch Reading Ease Score indicated below and comply with the requirements of Ark. Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

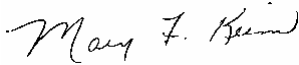
Form #

1000510

Flesch Score

31*

*When attached to form 121173, the combined Flesch Reading East Test score is 49.



Mary F. Keim

Assistant Secretary

Title

April 3, 2008

Date



STATE FARM LIFE INSURANCE COMPANY
Bloomington, Illinois

PAGE 1 OF 6

Doc
Type: 01 Check Digit

LIFE INSURANCE APPLICATION

1. TYPE OF APPLICATION (check one)

- ☒ New Business ☐ Change of Plan/Added Benefits Existing Policy Number: ☐ Universal Life Increase Existing Policy Number: ☐ Term Conversion with Increase in Amount Existing Policy Number:

2. PROPOSED INSURED 1 (Print name in full)

MR <input checked="" type="checkbox"/> MS <input type="checkbox"/>	LAST NAME	FIRST NAME	MIDDLE INITIAL
a.	Doe	John	J.
MAILING ADDRESS		CITY	STATE ZIP CODE
b. 123 Main Street		Bloomington	AR 61701
c. 000-00-0000		0000-0000-0000	AR M 8/21/1970 35
MARITAL STATUS		HEIGHT	WEIGHT
d. Married		6' 2"	190 lb.
OCCUPATION		STATE OF BIRTH	UNITED STATE OR CANADIAN CITIZEN?
e. Attorney		IL	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
EMPLOYER'S NAME		Self	
Do job duties involve work in one of the following occupation categories: amusement, sports, construction, explosives, diving, liquor, logging, mining, gas, or oil? (If yes, explain exact duties)			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
f.			

3. PROPOSED INSURED 2 (Additional Insured or Payor, print name in full)

MR <input type="checkbox"/> MS <input checked="" type="checkbox"/>	LAST NAME	FIRST NAME	MIDDLE INITIAL
a.	Doe	Jane	A.
SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER		DRIVER'S LICENSE NUMBER	STATE SEX BIRTH DATE MO-DAY-YR AGE
b. 000-00-0000		0000-0000-0000	AR F 9/15/1970 35
MARITAL STATUS		HEIGHT	WEIGHT
c. Married		5' 6"	125 lb.
OCCUPATION		STATE OF BIRTH	UNITED STATE OR CANADIAN CITIZEN?
d. Attorney		IL	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
EMPLOYER'S NAME		Self	
Do job duties involve work in one of the following occupation categories: amusement, sports, construction, explosives, diving, liquor, logging, mining, gas, or oil? (If yes, explain exact duties)			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
e.			

4. APPLICANT/OWNER (If not Proposed Insured 1, print name in full)

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER
a. Doe	Jane	A.	000-00-0000
MAILING ADDRESS		CITY	STATE ZIP CODE
b. 123 Main Street		Bloomington	AR 61701
Successor Owner (Required unless the Applicant/Owner is a TRUST or CORPORATION)			
LAST NAME	FIRST NAME	MIDDLE INITIAL	
c. Doe	Jill	S.	

5. Complete 5 if Proposed Insured is under age 16

- a. Is Proposed Insured to be Owner at and after age 21? YES ☐ NO ☐
- b. Give amount of insurance in force on: (If none, so indicate)
Father \$ Mother \$

6. COVERAGES APPLIED FOR *(Do not complete 6-8 if applying for Universal Life/Second to Die.)***a. Amount Applied For:** \$ 25,000**Basic Plan coverage applied for:**

- ☒ Whole Life ☐ Term to Age 95 - 10
☐ 15 Pay Life ☐ Term to Age 95 - 20
☐ Single Premium Life ☐ Term to Age 95 - 30
☐ 5 Year Term

b. Riders/Benefits applied for: *(Check Ratebook for availability of riders.)*

- | | | | |
|--|---|--|------------------|
| Waiver of Premium (PI 1 only) | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |
| <input type="checkbox"/> Payor (Complete PI 2) | | <input type="checkbox"/> 5 Year Term (PI 1) | \$ _____ |
| <input type="checkbox"/> Guaranteed Insurability Option \$ _____ | | <input checked="" type="checkbox"/> 5 Year Term (PI 2) | \$ <u>25,000</u> |
| <input checked="" type="checkbox"/> Children's Term Rider | <u>20</u> Units | | |

7. DIVIDEND OPTION

If the dividend option chosen is not available or no option is chosen, policy provisions determine the option.

- ☒ Paid-up Additions ☐ Accumulate ☐ Reduce Premium ☐ Cash

8. Complete if policy applied for has an APL provision.

Do you want the Automatic Premium Loan provision to apply, if applicable?

 YES ☒ NO ☐
9. UNIVERSAL LIFE / SECOND TO DIE**a. Initial Basic Amount:** \$ _____ ☐ Universal Life ☐ Second to Die**b. Death Benefit:** *(Complete for new policy only)*

If no option is chosen, policy provisions determine the option.

- ☐ Option 1 — Basic Amount ☐ Option 2 — Basic Amount plus Account Value

c. Riders/Benefits applied for: *(Check Ratebook for availability of riders.)*

- | | | | |
|--|--|--|----------|
| Waiver of Monthly Deduction (PI 1 only) | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| <input type="checkbox"/> Guaranteed Insurability Option \$ _____ | | <input type="checkbox"/> Level Term (PI 2) | \$ _____ |
| <input type="checkbox"/> Children's Term Rider | _____ Units | <input type="checkbox"/> Level Term (PI 1) | \$ _____ |
| | | (Second to Die only) | |

d. Dividend Option:

If no option is chosen, policy provisions determine option.

- ☐ Addition to Account Value ☐ Cash

e. Planned Premium:

- Mode chosen: ☐ Annual ☐ SFPP Existing SFPP Account #: _____
 ☐ Other Special Monthly: _____
 Amount to be billed each payment date: \$ _____

f. Increase in Basic Amount For Universal Life Only: *(Do not complete for new policy.)* \$ _____

10. BENEFICIARY DESIGNATION — Proposed Insured 1

Completion of this section will replace all previous rider and policy designations for this policy. If a Change of Plan or an addition in coverage, this designation will replace previous designations for this insured. If the Basic Plan is Second to Die, this designation applies only if Proposed Insured 1 is the Survivor or insured under a rider.

PRIMARY BENEFICIARY - FULL NAME

Jane A. Doe

RELATIONSHIP

Spouse

SUCCESSOR BENEFICIARY - FULL NAME

Jill S. Doe

RELATIONSHIP

Child

11. BENEFICIARY DESIGNATION — Proposed Insured 2

Complete for Additional Insured's rider only if the Beneficiary provision in the rider is NOT desired. If this section is completed, the Payment of Benefit provision of the policy will control rather than the Beneficiary provision of such rider. "Additional Insured" would be used in place of the "Insured." If a Change of Plan or an addition in coverage, this designation will replace previous designations for this insured. If the Basic Plan is Second to Die, this designation applies only if Proposed Insured 2 is the Survivor or insured under a rider.

PRIMARY BENEFICIARY - FULL NAME

John J. Doe

RELATIONSHIP

Spouse

SUCCESSOR BENEFICIARY - FULL NAME

Jill S. Doe

RELATIONSHIP

Child

Complete 12 if CTR applied for.*List children under age 18 (if none, so state)*

12.	LAST NAME, FIRST NAME, MI (If last name different, explain)	RELATIONSHIP TO PROPOSED INSURED 1	BIRTHDATE			AMOUNT NOW INSURED FOR
			MO.	DAY	YR.	
	Doe, Jill S.	Child	6	22	94	\$ 0

Complete 13 & 14 if CTR applied for OR Proposed Insured 1 is under age 16.

13. In the last 10 years, has Proposed Insured 1 or any children named in question 12, had or been treated by a member of the medical profession for: *(If yes, check all that apply and explain)*

YES ☐ NO ☒

a. <input type="checkbox"/> birth defect	e. <input type="checkbox"/> mental disorder	i. <input type="checkbox"/> impairment of sight, hearing, or speech
b. <input type="checkbox"/> asthma	f. <input type="checkbox"/> seizure	j. <input type="checkbox"/> diabetes
c. <input type="checkbox"/> kidney disease	g. <input type="checkbox"/> heart murmur	k. <input type="checkbox"/> anemia
d. <input type="checkbox"/> leukemia	h. <input type="checkbox"/> cancer	l. <input type="checkbox"/> Acquired Immune Deficiency Syndrome (AIDS)
		m. <input type="checkbox"/> Human Immunodeficiency Virus (HIV) infection

14. In the last 3 years, has Proposed Insured 1 or any children named in question 12, seen a doctor for any reason not previously explained excluding any routine physical examination with normal findings? *(If yes, explain)* YES ☐ NO ☒

All Applications: Complete 15**15. Proposed Insured 1 or Applicant, if other than Proposed Insured 1:****a. Do you own any life insurance or annuities on yourself or others?**

YES NO

☒ ☐**b. If yes, is this policy a replacement of any of those policies?**☐ ☒**c. Is the total amount of insurance in force on you more than \$200,000? (If yes, give amounts and details.)**

PI 1		PI 2	
YES	NO	YES	NO

☐ ☒ ☐ ☒**d. Is anyone now applying for life or health insurance on you with any other company?**☐ ☒ ☐ ☒

(If yes, in Explanations state company and amounts.)

Applications (Ages 16 & up): Complete 16-19**16. Have you used tobacco or other nicotine products in any form in the last 36 months?**

PI 1		PI 2	
YES	NO	YES	NO

☐ ☒ ☐ ☒(If yes, please provide month/year last used PI 1 ____/____ PI 2 ____/____
Month Year Month Year)**17. In the last 10 years, have you had or been treated by a member of the medical profession for: (If yes, explain)**☐ ☒ | ☐ ☒

(Check all that apply)

PI 1 PI 2

a. ☐ ☐ cancer or tumor

(Check all that apply)

PI 1 PI 2

d. ☐ ☐ stroke or transient ischemic attack (TIA)**b.** ☐ ☐ diabetes**e.** ☐ ☐ Acquired Immune Deficiency Syndrome (AIDS)**c.** ☐ ☐ heart disease or disorder, chest pain, high blood pressure**f.** ☐ ☐ Human Immunodeficiency Virus (HIV) infection**18. In the last 3 years, have you: (If yes, explain)****a. been convicted of or pleaded guilty to any moving violations or driving under the influence of alcohol or drugs?**☐ ☒ | ☐ ☒**b. engaged in any type of aviation activity (other than as a passenger); or is any such activity planned in the next 6 months?**☐ ☒ | ☐ ☒**c. engaged in avocations such as mountain/rock climbing, vehicle racing, SCUBA/skin diving, sky diving, ballooning or hang gliding, or is any such activity planned in the next 6 months?**☐ ☒ | ☐ ☒**19. Do you plan to leave or travel from the United States or Canada in the next 6 months? (If yes, explain)**☐ ☒ | ☐ ☒**Applications (Ages 16 & up if NO medical exam required): Complete 20-23****20. Have you ever applied for or received disability benefits; had an injury to your neck, back, arm, or leg; or had any loss of sight or hearing? (If yes, explain)**

PI 1		PI 2	
YES	NO	YES	NO

☐ ☒ | ☐ ☒**21. In the last 10 years, have you had or been treated by a member of the medical profession for: (If yes, explain)**☐ ☒ | ☐ ☒

(Check all that apply)

PI 1 PI 2

a. ☐ ☐ respiratory disorder

(Check all that apply)

PI 1 PI 2

c. ☐ ☐ mental or nervous disorder**b.** ☐ ☐ liver or intestinal disorder**d.** ☐ ☐ blood disorder**22. In the last 5 years, have you used cocaine, marijuana, or any other controlled substance or narcotic not prescribed by a doctor; or had treatment or counseling for alcohol or drug use, or been advised to seek treatment or counsel for alcohol or drug use? (If yes, explain)**☐ ☒ | ☐ ☒**23. In the last 5 years, have you for any reason not previously explained: (If yes, explain)****a. seen a doctor or psychologist?**☐ ☒ | ☒ ☐**b. had medication prescribed other than medications for cold, flu, seasonal allergies (i.e. hay fever) or birth control? (If yes, list and explain)**☐ ☒ | ☐ ☒**c. had or been advised to have treatment or a test in any lab, clinic, or hospital?**☐ ☒ | ☐ ☒**d. been told surgery was necessary?**☐ ☒ | ☐ ☒

24. EXPLANATIONS:

If space below is insufficient, use additional sheets which will be part of this application. Sheets must be signed & dated by Proposed Insured(s), and/or Applicant, and witnessed by Agent.

23.a. Jane Doe Physical with Dr. David Lee, 456 Broadway,
Bloomington, AR

25. AGREEMENTS

Coverage will be effective as of the policy date if the following conditions are met: the first premium is paid when the policy is delivered; the Proposed Insureds are living on the delivery date; and, on that delivery date, the information given to the Company is true and complete without material changes.

For changes in Basic Amount for a Universal Life Policy, the change will be effective on the deduction date on or next following acceptance of the change by the Company if on such deduction date the following conditions are met: there is enough cash surrender value to make the required deduction; the Proposed Insureds are all living; and the information given to the Company is true and complete without material changes.

However, if a binding receipt has been given and is in effect, its terms apply.

All Proposed Insureds and the Applicant state that the information in this application and any medical history is true and complete. It is agreed that the Company can investigate the truth and completeness of such information while the policy is contestable.

By accepting the policy, the Owner agrees to the beneficiaries named, method of payment, and corrections made. No change in plan, amount, benefits, or age at issue may be made on the application unless the Owner agrees in writing. Only an authorized company officer may change the policy provisions. Neither the agent nor a medical examiner may pass on insurability.

Any policy issued on this application will be owned by Proposed Insured 1 or the Applicant, if other than Proposed Insured 1.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER (TIN) CERTIFICATION

By signing this application, I certify under penalties of perjury that (1) the TIN shown above is correct, and (2) I am exempt from backup withholding, or that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, *(If you are subject to backup withholding, cross out item 2.)* and (3) I am a U.S. person (Including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. (See instructions.)

Date Signed August 15, 2005

Signature of Proposed Insured 1 ☒ John A. Doe

Not required if Proposed Insured is under age 16

at Bloomington, AR
City State

Signature of Proposed Insured 2 ☒ Jane A. Doe

Signature of Agent as
Witness to all Signatures ☒ Mark Smith

Signature of
Applicant ☒ Jane A. Doe

Not required unless applicant is other than Proposed Insured 1. If a firm or corporation is to be the owner, give its name and signature of authorized officer.